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Exhibit A to Stipulation of Settlement (Claim Form)

Your claim must be submitted or postmarked by:

In Re Ashley Madison Customer Date Security Breach Litigation MDL No. 2669 Case No. 4:15-MD-02669-JAR (E.D. Mo.)

Ashley Madison

CLAIM FORM

First Name	MI	Last Name		
Street Address 1				
Street Address 2				
City			State	Zip Code
Telephone Number		E-Mail Address		

Important: We will use the information that you provide to communicate with you about your claim, which we will do primarily by email if you provide an email address. The information you provide will not be used for other purposes, including but not limited to marketing purposes. The information you provide will not be sold, nor will it be provided to others, except insofar as is necessary to to effectuate the terms of this Settlement Agreement, or as required by applicable state or federal law.

Class Members who elect to submit their claim online may select to receive payment via PayPal, Electronic Check or receive a check in the mail. Class Members who elect to submit a paper claim rather than an online claim will receive a check mailed to them at the address contained on this claim form.

If you have an affirmative answer to any of Questions One, Two, Three, and Four below, please provide any credit card statements, bank statements, invoices, telephone records, e-mail receipts, other payment records with this completed claim form.

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CLAIM VALIDATION QUESTIONS

QUESTION ONE (Membership) Did you use the website AshleyMadison.com at any time on or before July 20, 2015? \square Yes (Proceed to Question Two on next page) \square No (You are not eligible to submit a claim) **QUESTION TWO** (Deleted Profiles) Did you, at any time on or before July 20, 2015, purchase the "Full Delete", "Paid Delete", or "Complete Profile Removal" option from AshleyMadison.com for the cost of \$19.00 in order to delete your user profile? \square Yes If yes, for how many accounts did you purchase this option? \square No **QUESTION THREE** (*Credit Purchases*) Did you, at any time on or before July 20, 2015, purchase credits and have a good faith belief that you used those credits communicate with Engagers on the website AshleyMadison.com? \square Yes If yes, how much did you spend on these particular credits? \square No If you answered "Yes" to Question Two and/or Question Three, please complete the following information: Provide the last six digits of the credit or debit card number(s) used on AshleyMadison.com and full name of the cardholder as the name appeared on the credit or debit card(s) at the time(s) of such purchase(s): (This information will used to verify your purchases). Card 1: Same as Above, or Last six digits First Name Last Name **Suffix** MI Card 2: Same as Above, or Suffix First Name ΜI Last Name Last six digits Same as Above, or Card 3: Last six digits First Name ΜI Last Name Suffix

QUESTIONS?

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QUESTION FOUR (*Other***)**

		•	Data Breach including, but not limited to, identity you must provide proof of losses with your claim).	
	Yes If yes, how much were your losses?			
	Describe your losses in detail:			
□ <u>N</u>	<u>No</u>			
QUESTIO	N FIVE (Released Information	2)		
Was	s your personal information rele	eased publically a	as a result of the Data Breach?	
	<u>Yes</u>			
□ <u>N</u>	<u>No</u>			
Plea	ase provide <u>all</u> of the information	on requested below	w in parts A B and C.	
n account	t on AshleyMadison.com. 1	The only way to	nit information sufficient to establish that you crea be certain that you have submitted informat a payment is to submit the information reques	ion
oelow.				
A. Prov	vide the last four digits of your	social security nu	umber:	
	vide the account number(s) you ress(es) you used to sign up for	•	ashleyMadison.com and/or provide the email	
Aco	count Number(s)		Email Address(es)	_
C. Prov	vide the user name you used on	AshleyMadison.	.com.	
Hee	r Name(s)			

QUESTIONS?

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ATTESTATION AND SIGNATURE

I certify and declare under penalty of perjury that the information I am providing in this claim form is true and correct. I have read the Long Form Notice and release and agree to the terms contained in them. I understand that failure to provide the necessary information requested above or requested by the Settlement Administrator may result in my claim being denied.

Name:	Signature:
	Date: